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PART-IIA

GOVERNMENT OF MEGHALAYA

NOTIFICATIONS

The 9th May, 2017.

No.EDN.99/99/Pt./673.- In pursuance to provision under section 39 of Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, the Governor of Meghalaya is pleased to notify that henceforth not less than 3% of the seats for admission will be reserved for Persons with Disabilities in all the Meghalaya Government Educational Institutions and other Educational Institutions Receiving aid from the Government of Meghalaya. The same shall also apply to seats allocated by MHRD, Govt. of India and allotted to students of Meghalaya through CSAB-NEUT.

This will come into force with immediate effect.

D. P. WAHLANG,

Commissioner & Secretary to the Govt. of Meghalaya

Education Department.

The 12th May, 2017.

No.EDN/RTE-241/2012/201.- In compliance to the provision for Protection of Children from Sexual Offences (POSCO) Act, 2012 and in order to protect and guide each children who are and have been victims under the Act from dropping out of school and missing out academic sessions which impedes their future, it is hereby notified that all concerned including Joint Director of School Education & Literacy/District School Education Officer/Sub-Divisional School Education Officer/School Management Committee are to ensure timely counseling rehabilitation period and to provide access to continuity of education to such children.

In this regard, all schools are to constitute a Special Counseling Committee within the School Management Committee to address matters relating to infringement of Child's Rights and also offering general counseling session with professional support to the Students of the school. The Special Counseling Committee will comprise of the Principal, Senior Teachers, Members of School Management Committee, Selected Parents, Students and Professional/Certified Counselors whenever necessary.

It is also to be brought to the notice of all concerned that any matters that pertain to child's Physical, mental and emotional abuse, the school authority should consult the committee for examining the case for onward report to the State Commission for Protection of Child Rights (SCPCR), Meghalaya/Law Enforcement Agency etc. for further necessary action.

D. P. WAHLANG,

Commissioner & Secretary to the Govt. of Meghalaya
Education Department.

The 18th May, 2017.

No.Health.210/2004/Pt/173.- In pursuance of D.O. No.T-14020/14/2017-VBD, dated 27th April, 2017 of the Ministry of Health & Family Welfare, Govt. of India, the Governor of Meghalaya is pleased to notify that Dengue has become a major public health concern in country accounting for substantial morbidity and mortality. As there is no specific drug and commercially available vaccine, prevention is the only strategy for Dengue. Therefore, early reporting of Dengue cases is necessary for implementing preventive measures before it spreads further in an epidemic proportion.

In order to ensure early diagnosis and case management, reduce Dengue transmission, address the problems of emergency and spread of disease in newer geographical areas, it is essential to have complete information of all Dengue cases, therefore, the healthcare providers shall notify every Dengue case to local authorities, i.e. District Medical & Health Officer/ Medical & Health Officer and Senior Medical & Health Officer, Municipal Board every week (daily during transmission period) in prescribed format.

For the purpose of case definition, a Dengue case is defined as follows:

- **Probable DF/DHF:**

A case compatible with clinical description of Dengue Fever "An acute febrile illness of 2-7 days duration with two or more of the following manifestations :

Headache., retro-orbital pain, myalgia, arthralgia, rash, haemorrhagic manifestations"

OR

"Non-ELISA based NS1 antigen/IgM positive"

(A positive test by RDT will be considered as probable due to poor sensitivity and specificity of currently available RDTs).

• **Confirmed Dengue Fever:**

A case compatible with the clinical description of Dengue fever with at least one of the following:-

- o Demonstration of Dengue virus antigen in serum samples by NS1 ELISA.
- o Demonstration of IgM antibody titre by ELISA positive in single serum sample.
- o Detection of viral nucleic acid by polymerase chain reaction (PCR).
- o Isolation of Dengue virus (Virus Culture +VE) from serum, plasma, leucocytes.
- o IgG seroconversion in paired sera after 2 weeks with Four fold increase of IgG titre.

For the purpose of this notification, healthcare providers will include clinical establishments run or managed by the Government (including local authorities), private or NGO sectors and/or individual practitioners under Meghalaya Nursing Homes/Licensing & Registration Act, 1993.

The doctors in Government Health Institutions and the registered medical private practitioners of the private hospitals/clinics are required to immediately inform the office of Senior Medical & Health Officer/District Medical & Health Officer/ Sub -Divisional Medical & Health Officer/Medical & Health Officer of PHCs/CHCs of the concerned district, if a suspected case of Dengue is reported at their health institution.

The blood samples of the all Dengue suspected cases have to be sent at the Sentinel Surveillance Hospital (SSH) to be tested by ELISA technique. A patient can be declared positive for Dengue only on the basis of ELISA technique of testing and not by RDT. A patient can be declared as probable case for Dengue only on the basis of RDT technique of testing by using NS1 or IgM (Not IgG). The information of the positive case of the Dengue should be sent to the office of the Senior Medical & Health Officer/District Medical & Health Officer immediately after the diagnosis.

The management of the Dengue probable/confirmed cases need to be done as per the guidelines issued by the Government of India from time to time and available on the website of directorate of National Vector Borne Disease Control Programme (NVBDCP), Government of India. For more detail information, the concerned State Programme Officer, NVBDCP, whose details are available on www.nvbdc.gov.in may be contacted.

These regulations shall come into force from the date of publication of this Notification and shall remain valid until further order.

Y. TSERING,

Additional Chief Secretary to the Govt. of Meghalaya,
Health & Family Welfare Department.

The 9th May, 2017.

No.JHADC/GENL/18/2003/88.- The Executive Committee, Jaintia Hills Autonomous District Council, Jowai, is pleased to re-arrange the posting of the Chairmen of different Committees as follow with immediate effect.

1. Shri Lasky Rymbai, M.D.C.,
Chairman Boundary Committee as Chairman Rules Advisory Committee.
 2. Shri Ruda-ioo Tang, M.D.C.,
Chairman LR & LRC as Chairman Boundary Committee.
 3. Shri Richard S. Lyngdoh, M.D.C.,
Chairman, Rules Advisory Committee as Chairman Land Revenue and Land Reform Committee.
- The rank and status of the Chairmen shall remain the same as laid down in Office Order No.1011 of 2000, dated 8th September, 2000.
- They are to assume office in their respective new assignment.

R. PHAWA,
Secretary,
Executive Committee,
Jaintia Hills Autonomous District Council,
Jowai.